

		Street Tree Permit No.: Filing Date: Inventory Record No(s): Inventory Records Updated: UFAC Review Date: Fee Paid: Date: Received by: UFAC Review Date:	
Parks & Recreation Department P.O. Box 478 / 55 Moore St. (509) 527-4527 (509) 525-845 (fax) Walla Walla, WA 99362 www.ci.walla-walla.wa.us		<i>Shaded Areas for Arborist/Office Use Only</i>	
Owner: Address: Phone: Tree Location:		Contractor Name: Tree Care Specialist License No: Utility Company: Other:	
<p>Work Requested: <i>Please note type of work you are requesting be approved, and number of trees and/or stumps involved.</i></p> <p>Maintenance Pruning: Limbs larger than 1" on Class I trees; and larger than 2" on larger trees.</p> <p>Tree Removal: Permit must be filed a minimum of 10 working days in advance of proposed work date along with \$25 filing fee.</p> <p>Stump Removal: Stumps must be removed to at least 6" below the surrounding grade.</p> <p>New Planting: Any new tree in the public right-of-way. Please indicate number of trees desired and species requested.</p> <p>Replacement Planting: Replacements are required for each tree removed in the public right-of-way. Please indicate number of trees and species requested.</p> <p>Description of Work Requested</p> <p>Work Date:</p> <p>Property Owner or Contractor Signature:</p>			
Tree Data: Spot No: Height: DBH: Species:	Location Data: ROW: Overhanging ROW: Alley: Private Street Tree:	Site Data: Wire Height: *Sidewalk Cond: *Curb Cond: Strip Width: *If condition poor copy of permit will be provided to Development Services	Recommended Tree Planting Data: Small: Medium: Large: XLarge: New Planting: Replacement: Species:
Authorization: Inspection Date: Permit Approved: Denied: Permit Issue Date: Permit Expiration Date: Arborist Comments Arborist Signature:			